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OVIDIEN         60 MIDDLETOWN AVENUE         NORTH HAVEN, CT 06473         10/02/2007 RFEKADU2 00000013 210550         10647950			I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA			Septenber 28, 2007			(Depositor's name) (Signature) (Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVEN	TOR	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.
10/647,950 08/26/2003 TITLE OF INVENTION: SURGICAL INSTRUI	MENT HOLDER	Wayne C. Person	1	199	99 CON 2	5240
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional NO	\$1400	\$300	\$0		\$1700	12/14/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS	5			
PHILOGENE, PEDRO	3733	600-227000				
<ol> <li>Change of correspondence address or indication</li> <li>CFR 1.363).</li> <li>Change of correspondence address (or Chanddress form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attach Number is required.</li> </ol>	(1) the names of a or agents OR, alter	of a single firm (having as a member a orney or agent) and the names of up to patent attorneys or agents. If no name is				
3. ASSIGNEE NAME AND RESIDENCE DAT.  PLEASE NOTE: Unless an assignee is ident recordation as set forth in 37 CFR 3.11. Com  (A) NAME OF ASSIGNEE  United States Surgical Completes the appropriate assignee category of the second	ified below, no assignee pletion of this form is NO corporation	data will appear on t T a substitute for filing (B) RESIDENCE: (C	he patent. If an assign g an assignment. CITY and STATE OR C	COUNTRY)	)	
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount of Advance Order - # of Copies	☐ A check is enclos☐ Payment by credi	it card. Form PTO-2038	3 is attached	d.	iciency, or credit any extra copy of this form).	
<ol> <li>Change in Entity Status (from status indicate</li> <li>a. Applicant claims SMALL ENTITY state</li> </ol>		☐ b. Applicant is no	o longer claiming SMA	LL ENTITY	/ status See 37 CF	R 1 27(e)(2).
NOTE: The Issue Fee and Publication Fee (if reg interest as shown by the records of the United Sta		• •				
Authorized Signature  Typed or printed name  Kimber	19 V) Perry		Date	<b>7</b> , No.	/2 s/ o 7 43,612	
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